



Form #0830
4/94

South Florida Water Management District

Special Use Application and License

(To Be Completed by Applicant)

Applicant's Name: _____

Activity Leader (for groups): _____

Address: _____

Telephone Number: _____

Requests permission to enter the _____ Management Area
for the purpose of _____

Dates: From _____ To _____

Names of others participating in this activity (if more than one or a group):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(For District Use Only)

Number in party: _____

License issued on: _____

License effective on: _____

License void on: _____

Lock combination: _____

Signature of Authorizing District Official: _____
(Name)

(Title)